Receipt date: 03/30/2006 10563121 - GAU: 2622

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control

	Substitute for form	1449B	PTO	Complete if Known		
	INFORMATION DI	SCLO	SURE	Application Number	10/563,121	-
	STATEMENT BY	APPLI	CANT	Filing Date	1/3/2006	
	Date Submitted: Ma	rob 20	2006	First Named Inventor	Jonathan HARROLD	
	Date Submitted, Mi	aich sc	, 2000	Group Art Unit	Unassigned	
	(use as many sheets	as ne	cessary)	Examiner Name	Unassigned	
Sheet	1	of	1	Attorney Docket Number	053694-0134	

U.S. PATENT DOCUMENTS							
Examiner Cite Initials* No.1		U.S. Patent D	ocument	Name of Patentee or Applicant of Cited Document	Date of Publication of Cited Document MM-DD-YYYY	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	
		Number	Kind Code <sup>2</sup> (# known)				
_/GCV/	A1	2002/0126389	A1	Moseley et al.	09/12/2002		

U.S. PATENT APPLICATION DOCUMENTS							
Examiner	Cite No.1	U.S. Patent Application Document		Name of Patentee or Applicant of	Filing Date of	Pages, Columns, Lines, Where Relevant	
Initials*		Serial Number	Kind Code <sup>2</sup> (if known)	Cited Document	Cited Document MM-DD-YYYY	Passages or Relevant Figures Appear	

				FC	DREIGN PATENT DOCUMEN	TS		
Examiner Cite No.1 Of		Office <sup>3</sup>	reign Patent D Number <sup>4</sup>	ocument Kind Code <sup>5</sup> (if known)	Name of Patentee or Applicant of Cited Documents	Date of Publication of Cited Document MM-DD-YYYY	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T <sup>6</sup>
/GCV/	A2	EP	0 625 861	A2	Sharp Kabushiki Kaisha	11/23/1994		T
/GCV/	A3	EP	0 829 743	A2	Sharp Kabushiki Kaisha	03/18/1998		Т
7GC\77	A4	EP	0 833 184	A1	Sharp Kabushiki Kaisha	04/01/1998		T
/GCV//	A5	wo	03/015424	A2	Ocuity Limited	02/20/2003		$\top$
								1

nc.",

Examiner Signature	/Gary C. Vieaux/	Date Considered	04/30/2010

<sup>\*</sup>EXAMINER. Initial if reference considered, whether or not citation is in conformance with MPEP 809. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Unique clatiend esignation number. \*See attached Kinds of U. S. Patent Documents. \*Einter Office that issued the document, by the two-letter code (WIPO Standard ST3.) of againest peated indocuments, the indication of the year of the regin of the Emperor must precede the serial number alerted document. \*Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. \*Applicant is to place a check mark here if Empish shaquage translation is statuted.

Burden Hour Statement: This form is estimated to take 2.0 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete his form should be sent to the Officer (L.S. Patient) Officer, (L.S. Patient) Officer, (L.S. Patient), O.B. 00x 1450, Alexandria, V.A. 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, V.A. 2213-1450,